P21000035394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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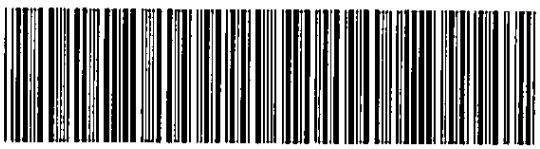

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Pet Claws, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Sue A. Miller
Name (Printed or typed)

12 Fringetree CT
Address

Homosassa, Florida 34446
City, State & Zip

(615) 396-7335
Daytime Telephone number

ssrjagm@charter.net
E-mail address: (to be used for future annual report notification)

2007 DEC 16 A 9:50

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Pet Claws, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

12 Fringetree CT
Homosassa, Florida 34446

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to provide our customers with pet supplies.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sue A Miller, President
Address 12 Fringetree CT
Homosassa, Florida 34446

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Sue A Miller

Address: 12 Fringetree CT

Homosassa, Florida 34446

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sue A Miller

Address: 12 Fringetree CT

Homosassa, Florida 34446

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Sue O. Miller

Required Signature/Registered Agent

3-10-2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sue O. Miller

Required Signature/Incorporator

Date 3-10-2021

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